

Atty Docket No. 020054-001130US

PTO FAX NO.: 703-308-4315

ATTENTION: Examiner DeCloux, Amy
TELEPHONE NO.:

Group Art Unit 1644

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Document(s) Attached

1. Transmittal Form
2. Fee Transmittal
3. Petition for Extension of Time
4. Preliminary Amendment and Response to Restriction Requirement (10 pages)

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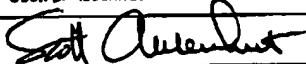
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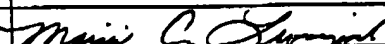
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/724,553	
	Filing Date	November 28, 2000	
	First Named Inventor	Lu, Peter S.	
	Group Art Unit	1644	
	Examiner Name	DeCloux, Amy	
Total Number of Pages in This Submission	1	Attorney Docket Number	020054-001130US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/89) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard Preliminary Amendment and Response to Restriction Requirement
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm and Individual name	Townsend and Townsend and Crew LLP Scott L. Ausenhus Reg. No. 42,271	
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